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ABSTRACT

During 1984 the Colorado Migrant Health Program, together with the Colorado Migrant Education Program, provided students enrolled in migrant summer schools with a continuum of care which included screening and physical assessment for detection of existing and potential health problems, referral for diagnosis and treatment of identified abnormalities, case management/follow-up, and preventive and health promotion/health maintenance services. The program employed 16.5 nurses, 19 dental hygienists, 14 nutritionists, 29 dental students or recent graduates, and 6 nursing students. These health providers were placed in multidisciplinary teams and deployed in close proximity to all 15 migrant education summer school sites. A total of 1,901 migrant children, ranging in age from 1 to 21 years (63.9% between 5 and 10 years of age), received one or more services. To enhance the general health status of the migrant farmworker population, health education units on dental health, nutrition, and safety education were integrated into the migrant school curriculum, and health team members participated in various health activities. This report provides information on the service population, service providers, health encounters (face-to-face interaction between provider and student), health screening procedures and outcomes, most frequent diagnosis, health education activities and curriculum, and financial resources. Comparative statistics by school site are appended. (NQA)

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FINAL REPORT

MIGRANT EDUCATION HEALTH PROGRAM

- 1984 -

COLORADO DEPARTMENT OF EDUCATION
MIGRANT EDUCATION PROGRAM

COLORADO DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

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INTRODUCTION

September 30, 1984 marked the completion of the twelfth consecutive year that the Colorado Migrant Education Program and the Colorado Migrant Health Program have collaborated in the planning and implementation of a comprehensive health program for Migrant Summer School students. This collaboration has continually increased over the past several years as both programs have grown to appreciate that regardless of administrative affiliation, funding resources or individual organizational objectives - both programs share a common mission: to participate in enhancing the physical, mental, social and economic well-being of migrant farmworkers. Both programs acknowledge that this mission requires a major focus on migrant children.

Not only do children of migrant farmworkers face the typical diseases and health problems of childhood but, in addition, they confront numerous health problems and risks associated with their migratory lifestyle and the environmental hazards associated with agricultural work. They also confront numerous social, cultural and language barriers which often preclude their ability to access regular, comprehensive health care. It is clear that maximum educational achievement may be hindered by undiagnosed and untreated health problems - the young migrant child with undiagnosed hearing or vision problems will obviously experience difficulty in learning - regardless of the quality of the educational program presented. Other less obvious but equally significant undetected health conditions such as anemia, respiratory infections, otitis media and dental disease also contribute to listlessness and distraction due to pain which may inhibit the education process. In addition, although it is axiomatic that children in poor health will not achieve their full educational potential, it is also critically important to view the development of healthful lifestyles and health practices as essential elements of each child's educational experience.

Mutually supportive goals and the acknowledgement of the relationship between good health and the migrant child's ability to fully participate in the educational process set the stage of the 1984 Migrant Education Health Program.

Although we may all take pride in the quality of our efforts over the past years, by most objective measurements, 1984 was one of our most successful to date. Some examples:

- In 1983 a total of 1,724 migrant summer school students received health services; In 1984, 1,901 students received services - a 9% increase;

- In 1983, health team staff and local health providers generated 10,815 patient encounters; In 1984, 14,112 patient encounters were generated - a 23% increased;

	1983	1984	% Increase
Medical encounters	5,200	6,846	24%
Dental encounters	4,981	6,236	20%
Nutrition encounters	634	1,080	59%

- In 1983, 140 children received a total of 493 individual dental sealants; In 1984, 627 children received 2,304 sealants - a 44.8% increase in children receiving this service.

- In 1983, 1,300 children received dental prophylaxis and topical fluoride applications; In 1984, 1,461 children received these services - an increase of 11%.

A number of factors contributed to this year's success. Among these reasons were the following:

1. Most school sites were operational one to two weeks longer than in 1983;

2. The participation of three Migrant Education Directors in the planning process prior to the beginning of the school term provided an opportunity to identify creative, mutually agreeable solutions to long-standing problems;

3. At the sites where the program ran most smoothly some of the reasons were:

   - Health records of students enrolled in previous year were given to the health team with this year's Health Data Entry Forms and Parent Authorizations in them;

   - Health information forms; (e.g. patient history indicating such things as medication allergies, heart problems, seizures and complete immunization records) were far more accurate than in previous years.

   - Health Data Forms and Parent Authorization Forms were available when children entered school;

- "White Shadows" were provided within the first weeks of school for inclusion in the health record;

- Medical and immunization consent forms were provided at the time of enrollment;

- Reliable health aides were provided to assist in the clerical work;

- Transportation for medical and dental appointments was assigned a high priority;

- Health Education modules were utilized by teachers thus freeing health team members to concentrate on health problems.

The following sections detail the specific activities of the 1984 Migrant Education Health Program. This report is intended to meet the following general objectives:

1. To provide accountability to Migrant Education Program that the health services provided were within the scope and financial estimates of the 1984 contractual agreement;

2. To share with Migrant Education staff and parents information gained about the relative health status and needs of migrant children in Colorado;

3. To provide an information base which will initiate planning efforts directed toward the 1985 Migrant Education Health Program.

SECTION
I
HEALTH PROGRAM OVERVIEW

A. Service Population Profile:

A total of 1,901 migrant children identified as Chapter I enrollees received one or more services from the Colorado Migrant Health Program during the summer months of 1984. The students ranged in age from less than 1 through age 21, with the majority (63.9%) between the ages of 5 and 10. The next largest group (30.1%) were between the ages of 11 and 16. 50.1% were female and 49.9% were male. With regard to migrant status, 45% were interstate migrants, 8% were intrastate migrants and 47% were into their third, fourth or fifth year of "settling out". 97.7% were Hispanic, 1.2% were Anglo and 1.1% were Native Americans.

The following tables reflect the demographic statistics of this population:

TABLE I

AGE DISTRIBUTION OF MIGRANT EDUCATION
SUMMER ENROLLEES
- 1984 -

AGE	FREQUENCY	PERCENT	CUMULATIVE PERCENTAGE
1	6	0.3%	0.1%
1	9	0.5	0.8
2	14	0.7	1.5
3	11	0.6	2.1
4	13	0.7	2.8
5	121	6.4	9.2
6	209	11.0	20.2
7	234	12.3	32.5
8	225	11.8	44.3
9	211	11.1	55.4
10	215	11.3	66.7
11	152	8.0	74.7
12	160	8.4	83.1
13	99	5.2	88.3
14	59	3.1	91.4
15	59	3.1	94.5
16	44	2.3	96.8
17	17	0.9	97.7
18	22	1.2	98.9
19	13	0.7	99.6
20	4	0.2	98.8
21	4	0.2	100%
TOTAL:	1,901	100%	

TABLE II

SEX OF MIGRANT EDUCATION ENROLLEES - 1984

SEX	FREQUENCY	PERCENT
FEMALE	953	50.1%
MALE	948	49.9
TOTAL	1,901	100 %

TABLE III

MIGRANT STATUS OF MIGRANT EDUCATION ENROLLEES - 1984

MIGRANT STATUS	FREQUENCY	PERCENT
INTERSTATE	854	44.9%
INTRASTATE	150	7.9
SETTING-OUT	897	47.2
TOTAL	1,901	100 %

DEFINITIONS: Interstate Migrants are children of migratory farm-workers who come to Colorado from outside the state (e.g. Texas) for the express purpose of working in agriculture.

Intrastate Migrants are children of migratory farm-workers who live year-round in Colorado and move within the state for the express purpose of working in agriculture (e.g. from Trinidad to Fort Lupton).

Settling-out Migrants are children of migratory farm workers who have remained in the school district for more than two years, but less than five years.

TABLE IV

ETHNIC STATUS OF MIGRANT EDUCATION ENROLLEES - 1984

ETHNICITY	FREQUENCY	PERCENT
HISPANIC	1,858	97.7%
ANGLO	22	1.2
NATIVE AMERICAN	21	1.1
TOTAL	1,901	100 %

B. Service Providers:

The purpose of the contractual relationship between the Colorado Migrant Education Program and the Colorado Migrant Health Program is to assure that students enrolled in Migrant Summer Schools will have available to them a continuum of care which includes: screening and physical assessment for detection of existing and potential health problems, referral for diagnosis and treatment of identified abnormalities, case management/follow-up, and preventive and health promotion/health maintenance services. It was intended that health services be closely coordinated with day-to-day educational activities and involve, to the extent possible, parents and other family members.

In order to provide this full continuum of care, two categories of health providers are required: 1) nearly two-hundred (200) local providers (e.g. physicians, dentists, pharmacist, allied health providers) either in private practice or working with community-based care organizations, and 2) seasonal-hire staff who are recruited nation-wide for the duration of the Migrant Education Summer Schools. During 1984, a number of health providers were employed on this basis. This number included:

16.5 nurses (3 were shared with C.M.C.)

19 dental hygienists

14 nutritionists

29 dental students or recent graduates

6 nursing students

These health providers were placed in multidisciplinary teams and deployed in close proximity to all fifteen (15) Migrant Education Summer School sites. This deployment is displayed in the following table:

TABLE V

DEPLOYMENT OF SEASONAL HEALTH PROVIDERS
- 1984 -

Site	Nurses	Nutritionists	Dental Hygienists	Dental Students	Nursing Students
Ft. Lupton	1	1	1	4	1
Brighton	1	1	2	4	0
Longmont	1.5	1	2.5	3	1
Boulder	.5	1	1	0	0
Ft. Collins	.5	1	1.5	2	1
Greeley	2	1	2	3	1
Sterling	1	1	1	1	0
Ft. Morgan	.5	1	1	1	1
Lamar	1	1	1	1	0
Burlington	1	0	0	0	0
La Junta	2	1	1.5	3	0
Pueblo	1	1	.5	1	0
Alamosa	2	1	2	3	1
Olathe	.5	1	1	2	0
Grand Jct.	1	1	1	1	0
TOTAL	16.5	14	19	29	6

C. Health Encounters:

During the summer of 1984, 1,901 Migrant Education enrolles had a total of 14,163 encounters with health personnel from the Colorado Migrant Health Program. This represents an average of 7.4 encounters per student.

A health encounter is defined as a face-to-face interaction between a health provider and a student (or the student's parent (s)) which requires independent judgement based upon the health provider's training and is of sufficient importance to be recorded in the patient chart. Health care encounters are divided into the following categories:

1. New and repeat medical encounters

2. New and repeat dental encounters

3. New and repeat nutrition encounters

"New" medical, dental and nutrition encounters are those that happen during the first interaction with the patient. "Repeat" encounters are those that happen subsequent to the initial (new) contact and are either follow-up to the condition identified during the initial contact, or new health conditions which have arisen after the first contact.

The following table presents the number of encounters by service category:

TABLE VI

NUMBER OF PATIENT ENCOUNTERS
- 1984 -

SERVICE CATEGORY	CATEGORY FREQUENCY	PERCENT OF TOTAL	TOTAL
MEDICAL		6,847	48.3%
New	1,872		
Repeat	4,975		
DENTAL		6,236	44.1
New	1,849		
Repeat	4,387		
NUTRITION		1,080	7.6
New	724		
Repeat	356		
TOTAL	14,163	14,163	100%

48.3% of all encounters were for medical reasons, and 44.1% were for dental . It is significant to note that nutritionists play an integral role in performing many medical-screening activities which are not reflected in the above table.

It is also of interest to note the sites at which these services were delivered to migrant children. The following table reflects this information:

TABLE VII

PATIENT ENCOUNTERS
BY SITE OF SERVICE
- 1984 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	9,744	68.8%
MIGRANT EDUCATION NIGHT SCHOOLS	232	1.6
DENTAL OFFICE	2,451	17.3
PHYSICIAN OFFICE	592	4.2
STUDENT'S HOMES	801	5.7
CMHP CLINIC	241	1.7
HOSPITAL	30	0.2
HEALTH DEPARTMENT	72	0.5
TOTAL	14,163	100%

As is evident from the preceding table, seventy percent (70.4%) of all patients were offered services at a school site. Offices of medical and dental practitioners were the second most frequent sites of services (21.5 %) followed by services delivered in the home (5.7%).

It is of additional interest to examine where services were delivered by individual health practitioners. The following tables reflect the sites of service delivery by nursing, dental hygiene and nutrition personnel:

TABLE VIII

NURSING* ENCOUNTERS BY
SERVICE DELIVERY SITES
- 1984 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	5,655	93.5%
MIGRANT EDUCATION NIGHT SCHOOLS	102	1.7
HOME	174	2.9
CMHP CLINIC	31	0.5
OTHER**	83	1.4
TOTAL	6,045	100%

NOTES: *Includes Migrant Education nurses, CMHP nurses and nursing students.

**Includes physician's office, local health departments, dental offices, hospital.

TABLE IX

DENTAL HYGIENE ENCOUNTERS
BY SERVICE DELIVERY SITES
- 1984 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	3,440	93.0%
MIGRANT EDUCATION NIGHT SCHOOLS	105	2.8
HOME	11	0.3
DENTAL OFFICE	73	2.0
CMHP CLINIC	68	1.9
TOTAL	3,697	100%

NOTE: This table does not reflect the encounters by dentists and dental students.

TABLE X

NUTRITION ENCOUNTERS BY
SERVICE DELIVERY SITE
- 1984 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	440	40.5%
MIGRANT EDUCATION NIGHT SCHOOLS	21	1.9
HOME	603	55.6
CMHP CLINIC	22	2.0
TOTAL	1,086	100%

It is significant to note that approximately ninety-five percent (95%) of all nursing and dental hygiene encounters took place at a Migrant Education school site. This contrasts with the nutrition encounters where only forty-one percent (41%) took place in school sites and more than fifty-five percent (55%) in the students' homes. This is reflective of the high priority placed by the nutrition component on engaging the whole family in nutrition services. Additionally, the nutritionists frequently address other health concerns with the family, after consultation with the nursing and dental components, during home visits.

SECTION
II

HEALTH STATUS OF MIGRANT EDUCATION STUDENTS - 1984 -

A. Health Screening:

Over the past several years of close interaction with the migrant child, the Colorado Migrant Health Program has come to anticipate which health problems are most prevalent within this population. These conditions are as follows:

1. Abnormal growth (e.g. overweight, underweight)
2. Iron deficiency anemia
3. Elevated blood pressure
4. Diminished hearing
5. Diminished vision
6. Scoliosis
7. Dental disease

In order to identify the presence of these conditions as soon as possible (so that intervention may be offered while the children are available for services), all health team members participate in screening clinics conducted during the first week that children attend migrant summer schools. Screening is offered thereafter on a weekly basis to identify health problems in students who begin attending at a later date. The following is a brief summary of the screening procedures offered:

Height and weight measurements are taken on all Chapter I children. Results are plotted on a National Center for Health Statistics (NCHS) growth chart. "Abnormals" result in a diagnosis of underweight, overweight or short stature. Underweight is defined as being at the 10th percentile or below, weight for height, on the growth chart. Overweight is defined as at the 90th percentile or above, weight for height. Short stature is defined as height for age at the 10th percentile or below . The latter diagnosis is controversal since it is not known with reliability if relative "short stature" is determined primarily by genetic or environmental factors.

The reason that short stature is included in these protocols is that it is used as an indicator of abnormal nutritional status in other programs, such as the Women, Infants and Children (WIC) Supplemental Food Program. And, since it may be indicative of a nutrition problem, it does warrant follow-up. Follow-up for all nutritional problems, consists of diet assessment, assessment of the child's medical history and individual counseling with the child and the child's family.

Hematocrits are done to assess the possibility of iron deficiency anemia. Children having borderline anemia (38-31%) are followed-up by the nutritionist. Children with clinical anemia (31%) are referred to a physician, and may also be followed-up by the nutritionist. Follow-up consists of diet assessment, assessment of the child's medical history and individual counseling with the child and the child's family. Children with abnormal hematocrits are rescreened at intervals during the summer to assess whether or not the anemia has been resolved or improved.

Blood pressures are taken for two reasons. The first reason is that elevated blood pressure may indicate serious disorders such as kidney disease or cardiovascular disease. The second reason is that blood pressure measurements serve as baseline data on a child, so that the child's "normal" can be established for future reference. Abnormal blood pressure is followed-up by the Migrant Education nurse. The nurse rescreens the child several times and if the blood pressure remains elevated, refers the child to a physician. The nutritionist may do diet counseling, if it is determined that the elevated blood pressure is complicated by the child's nutritional status (e.g. obesity).

Hearing screening is usually conducted by the nurse on selected students. When a child fails a hearing screening, the child is rescreened on another day unless there is evidence to indicate the possible presence of otitis media. (If there is such evidence, the nurse will immediately refer the child to a physician, and rescreen the child's hearing after resolution of the infection.) Children who fail screening twice are referred to a local audiologist for further diagnostic evaluation.

Scoliosis screening is done on all 11 year old children by the Migrant Education nurse. This screening procedure is done to assure that the child's spine is growing straight. Abnormals are rescreened, and if still abnormal, are referred for X-ray. If the X-ray indicates the need for immediate intervention, the child is then referred to the Handicapped Children's Program.

Vision screening is done using a Snellen chart. Abnormal screenings are referred to local providers if rescreening indicates the need.

Dental Screening consists of an examination of the teeth and oral structures. The purpose of this screening is to identify those children in need of professional dental treatment.

Dental screening is done by one of the dental providers, most often the dental hygienist. At the time of screening, the children are prioritized according to the severity of need. Children with the most serious treatment needs are referred first for care, with less serious conditions being referred as time and financial resources allow. Because dental problems are related in part to poor nutrition and oral hygiene practices, referrals to the dental hygienist and/or nutritionist for counseling and education are also made at the time of screening.

PPD (Purified Protein Deriviative) is a skin test which determines exposure to the tuberculosis bacillus. This screening procedure is performed by the Migrant Education nurse on all kindergarteners and 7th graders who have not been tested within the past three years. The skin test is read 48 and 72 hours later. Children with positive tests are referred for X-rays.

Physical Exams are no longer routinely done on all children every year. Only interstate children who have never had a physical examination, or children with symptoms which indicate the need, are referred for a physical.

B. Screening Outcomes:

During the 1984 Migrant Education Summer School sessions, a total of 1,721 children received most screening services and 1,849 students received dental screening. It should be noted, that the limited purpose of screening these children is to identify which children have health conditions which require follow-up intervention. Unfortunately, at this time there is no comparable baseline data which may be utilized to describe the health status of this population vis-a-vis a non-migratory Hispanic student population.

The following table reflects the "abnormal" findings identified through the screening process in 1984:

TABLE XI

MIGRANT EDUCATION
SCREENING OUTCOMES
- 1984 -

SCREENING PROCEDURE	NUMBER SCREENED	NUMBER ABNORMALS	PERCENT ABNORMAL
HEIGHT/WEIGHT:			
Overweight	1,721	222	12.9%
Underweight	1,721	62	3.6
Short Stature	1,721	312	18.1
HEMATOCRIT	1,721	423	24.6
BLOOD PRESSURE	1,787	7	0.4
HEARING	1,755	117	6.7
SCOLIOSIS	161	7	4.3
VISION	1,783	147	8.2
DENTAL	1,849	1,244	67.3%

As is readily apparent from the preceeding table, dental disease is the major health problem for migrant children with 1,244 students (or 67%) having identifiable dental problems. 194 (10.5%) were identified as requiring immediate referral for relief of pain and/or treatment of dental infection.

The following preliminary statements may be offered:

- 66.2% of students with identified dental problems received complete treatment;
- 8.4% of students with identified dental problems received partial treatment;
- there were a total of 2,451 visits to dental offices, an average of 2.6 visits per child receiving treatment;
- 12.1% of students with identified dental problems were not referred for treatment because their dental problems were low priority;
- 1.8% of students with identified dental problems were not referred because parents did not sign parent consent form;
- 8.4% of students with identified dental problems were referred but moved before dental treatment could be initiated;
- 3.1% of the students were referred under medicaid.

In addition to treatment offered for acute and chronic dental problems, substantial emphasis is placed on preventive dental services. During the 1984 summer school session, a total of 1,461 students received dental prophylaxis and fluoride application treatments. This represents 79% of the children receiving dental screenings. Portable dental equipment made it possible for the dental hygienist to provide the majority of this treatment within the school setting. Dental hygienists also initiated twice-weekly fluoride rinse programs in the classroom.

Pit and fissure dental sealants were provided again this year. A pilot project in 1983 in Longmont, Brighton and Fort Lupton proved an overwhelming success. Retention rate of sealants was 94% at the end of the summer.

Sealants are a clear resin material that is placed on acid etched chewing surfaces of teeth. The material flows into the deep pits and fissures and hardens. Sealants are effective in preventing decay in these surfaces up to five years. (Fluorides protect the smooth surfaces of the teeth from decay. Therefore, they will also be continued.)

National statistics indicate more than 84% of dental caries in 5-17 year old children occur in pits and fissures of the tooth's chewing surfaces. An initial survey of teeth filled this past summer indicates 76% were occlusal surface fillings. If these teeth had been sealed in previous years and the sealants retained, these fillings would not have been necessary.

Based upon the 1983 results, a comprehensive sealant initiative was implemented in 1984. Portable equipment was bought and borrowed. Additional hygienists and preceptors were included. A mobile dental van was borrowed from Denver Health and Hospitals. It was placed next to the Longmont migrant school. The program was limited only by lack of dental student manpower in some areas.

Initial statistics depict the following:

- 1,601 sealants were placed by dental students and hygienists in clinics and dental offices.
- 703 sealants were placed by hygienists in other setting including schools, mobile van and local health departments.

The continued success of the program and implications for future programs are exciting. The future direction of the dental program will enhance the preventive focus, in addition, to operative repair of dental disease.

Please refer to appendix item A for reference on the sealant program.

In order of significance, the second most prevalent abnormalities were related to nutritional problems. Screening results coupled with physical examinations, health histories, diet assessments and child/parent complaints identified 842 nutritional problems requiring follow-up. 746 (89%) of these problems were provided follow-up services by nutritionists.

The rank of prevalence of nutrition problems within the Migrant Education summer school population is as follows:

1. Anemia (borderline and clinical)
2. Short stature
3. Overweight
4. Underweight
5. Other nutrition problems

The category "other nutrition problems" includes: food allergies, chronic diarrhea, diabetes, hypertension, dental problems and improper eating behavior (such as high intake of refined carbohydrates).

C. Most Frequent Diagnosis:

Analysis of the diagnostic codes placed on authorizations and encounter forms validates the findings identified during the screening process.

The following table reflects the rank order of incidence of health problems identified in 1984:

TABLE XII

RANK ORDER OF MOST
FREQUENT HEALTH PROBLEMS
- 1984 -

RANK	DIAGNOSTIC CATEGORY	EXAMPLES
1	Dental Problems	(see narrative above)
2	Nutrition Problems	(see narrative above)
3	Injury/Accidents	abraisons/open wounds fractures, sprains
4	Ear, Nose Throat	otitis media, otitis externa, abnormal hearing, ear disease-unspecified
5	Skin/Subcutaneous	rash-unspecified, skin eruption, other abnormal skin conditions
6	Eye	failed vision test, acute conjunctivitis refractive error, eye lid infection
7	Infectious Disease	pediculosis, tuberculosis, strept throat, chicken pox
8	Respiratory System	tonsilitis, adenoiditis, common cold, acute URI

SECTION
III

HEALTH EDUCATION

As noted in the introduction of this report, in order to enhance the general health status of the migrant farmworker population it is necessary to place a high priority on assisting migrant children to develop healthful lifestyles and health practices.

A. Health Education Curriculum:

The major effort in 1984 was again directed toward the incorporation and integration of health education units on selected health education topic areas into the migrant school curriculum. The topic areas selected are Dental Health, Nutrition and Safety Education.

The units were developed for Level I (lower elementary) and Level II (upper Elementary) and Level III (grades 6-8). Each topic area and level have two to four classroom lessons developed around specific, measurable learning objectives. Each lesson contains:

1.) A concept sheet for the teacher with basic background information on the subject matter;

2.) Learning objectives and related bilingual activities;

3.) Supplemental materials which includ hand-out pamphlets, student worksheets, and related activities in other classes.

4.) Evaluation instruments;

The health education units were utilized in every summer school except Burlington. The statistics on the following page do not include health education sessions conducted by migrant school staff. This accounts for the apparent reduced number of group classroom sessions in 1984. Initial examination of the data indicates that the units were well received by teachers and health team members alike. All units and levels will be completed by January 1, 1985 by Mrs. Segura-Harmon. It is anticipated that the continued utilization of the units will lower the level of involvement of health team members in classroom education.

B. Health Education Activities - 1984

All health team members were charged with the responsibility of engaging in a number of health promotion activities. These activities involved participation in classroom education, discussion groups, staff in-service training and presentations at "family nights".

During the summer of 1984, classroom education and small group sessions involved participation of 5,500 attendees, or an average of 2.9 health promotion encounters per child. 31 staff in-service training sessions involved 481 attendees. In addition, 15 family night presentations were offered involving a total estimated audience of 886.

Staff inservice training sessions were designed to provide teachers and other education staff members with sufficient skills to deal with minor health problems and to recognized signs and symptoms of health problems in children so that early intervention is possible. Family night presentations included discussions of screening procedures and explanation of why screening is conducted, pesticide safety and high blood pressure. In many sites, the health team offered select screening procedures for parents.

Group sessions conducted by nursing personnel included classroom teaching directed toward specific health problems as well as broader topics related to health promotion and safety. Included topics were high blood pressure, the Heimlich Maneuver, function of the human heart, pesticides, safety and first aid.

Classroom sessions developed by the dental hygiene staff covered the following topics: proper brushing and flossing, dental nutrition, what happens in visits to dental offices, the etiology of dental disease and the structure and function of teeth.

Staff inservice training by dental hygiene personnel included: the relationship between dental disease and good health, proper brushing and flossing, the etiology of dental disease, bottlemouth caries and the incorporation of dental health education into academic curriculum. In addition, dental hygienists participated in five (5) dental health promotion sessions during family nights.

Group sessions developed by nutritionists included both classroom teaching and discussion groups for children with specific nutrition problems. Specific topics included: healthy snacking, balanced diets, the relationship between nutrition and health, high iron foods and anemia.

The nutritionist provided a half hour presentation at each school preservice. The presentation focused on the nutrition related problems seen in the migrant children and the nutritionists' role in the intervention of these problems. It is felt that this inservice helped eliminate many of the problems which previously existed by clarifying the nutritionist's role.

Family night presentations included: how to identify nutrition related health problems, the relationship between nutrition and health, and how to diet using culturally acceptable foods. Several nutrition education plays for parents were presented.

TABLE XIII

HEALTH EDUCATION/PROMOTION
ACTIVITIES
- 1984 -

EDUCATION CATEGORY	GROUP/CLASS-ROOM SESSIONS	# PERSONS ATTENDING	STAFF IN-SERVICES	# PERSONS ATTENDING	FAMILY NIGHT PRESENTATIONS	# PERSONS ATTENDING
Nursing	66	1,199	11	134	4	233
Dental	62	1,200	6	85	5	150
Nutrition	151	3,101	14	262	6	503
TOTALS	279	5,500	31	481	15	886

SECTION
IV

FINANCIAL RESOURCES

The financial resources provided by the Colorado Department of Education Migrant Education Program in support of the 1984 health program were deployed in the following cost categories:

TABLE XIV

BUDGET ALLOCATION BY
SERVICE CATEGORY

COST CATEGORY	AMCUNT ALLOCATED	PERCENT OF BUDGET
Medical Care	$ 19,300	14.8%
Nursing Services	59,789	46.0
Dental Care	21,500	16.5
Dental Hygiene Services	20,102	15.5
Nutrition Services	9,309	7.2
TOTAL	$ 130,000	100%

NOTES:

1. "Medical Care" includes medical treatment provided by local physicians, clinics, laboratories and hospitals as well as costs of medications.
2. "Nursing Services" includes nurse's salaries, travel, supplies and costs associated with orientation.
3. "Dental care" includes dental treatment provided by local dentists, as well as stipends paid to dental students.
4. "Dental Hygiene Services" includes salaries, travel, dental supplies and costs associated with orientation.
5. "Nutrition services" includes salaries, travel, supplies and costs associated with orientation.
6. Indirect costs are prorated into each category.

As is evident from the proceeding table, 60.8% of the CDE total budget was allocated for Medical Services, 32.0% for Dental Services and 7.2% for Nutrition Services. Based upon the enrollment figure of 1,901 students, the average cost per student for the full range of services offered was $68.40.

It is significant to note that although services were offered to Migrant Education Students at a cost to the Department of Education of $130,000.00, the total value of services offered far exceeded this amount. This is due to contributions from other sources of revenue and the cost-effective mechanisms which have been developed over the past several years. The dental program offers a number of tangible examples of this cost-effectiveness:

1. When dental services are provided by a dental student under the direct supervision of local dentists, the cost to the program is only one-third (1/3) to one-half (1/2) the usual and customary charge;

2. When dental services are provided at the Mesa County Health Department, there is no charge beyond the monthly stipend paid to the dental graduate who staffs the clinic.

3. Both Plan de Salud del Valle and Sunrise Community Health Center provide comprehensive dental services to migrant students in Weld and Boulder Counties in return for minimal payments.

(As a result of the three examples presented above, for an investment of $39,670, in 1984, migrant students received dental treatment valued at $135,788 - a net savings of $96,118 or 70.8%.)

4. Dental prophylaxis (cleaning) and topical fluoride applications are provided by dental hygienists in the migrant school with portable equipment. A total of 1,461 prophylaxis and fluoride applications were provided in 1984. In the private sector these services would cost $30.00 per patient or a total of $43,800. The total cost to CDE for dental hygienists in 1984 was $9,500 -- 21.7% of the value of just these services alone -- and this does not account for more than one-half (1/2) of the services provided by hygienists (other duties include dental screening, case management, patient/parent education, classroom education, staff in-service training, etc.)

The following table provides supportive documentation to the statements above:

TABLE XV
DENTAL TREATMENT COSTS
VALUE OF TREATMENT, EXPENDITURE BY SOURCE
- 1984 -

SITE	ACTUAL VALUE OF TREATMENT PROVIDED	ACTUAL AMOUNT PAID FOR TREATMENT	AMOUNT PAID BY TITLE I FUNDS	AMOUNT PAID CMHP FUNDS
Brighton	$ 15,000	$ 2,250	$ 1,000	$ 1,250
Fort Lupton	16,000	2,250	1,000	1,250
Longmont	16,531	765	765	0
Greeley	14,705	2,873	326	2,547
Fort Collins	5,932	2,966	84	2,882
Fort Morgan	3,551	1,923	406	1,517
Sterling	1,100	545	545	0
Burlington	990	990	740	250
Lamar	12,079	6,290	2,483	3,807
La Junta	8,443	4,628	731	3,897
Pueblo	5,635	2,736	204	2,532
Alamosa	9,108	5,793	1,980	3,813
Grand Junction	16,304	0	0	0
Olathe	7,708	2,959	0	2,959
Boulder	2,702	2,702	0	2,702
TOTAL:	$ 135,788	$ 39,670	$ 10,264	$29,406

Medicaid funds are not included.

Major savings are also realized in the Medical Cost category. For example:

- Several private physicians and local medical practices offer reduced rates for migrant children enrolled in Migrant Education (range from 15% - 30%);

- Again, Plan de Salud del Valle and Sunrise Community Health Center offer medical services to migrant children at minimal cost per patient visit (average $5.00);

- Local hospitals have agreed to accept minimal payments in return for both out-patient and in-patient hospital services;

- Local pharmacists have agreed to offer services in accordance with MAC (maximum allowable costs) guidelines;

- Local health departments offer a multitude of services at minimal or no cost (e.g. immunizations).

SECTION V

PREPARING FOR - 1985

There are currently (November, 1984) a number of uncertainties faced by both the Migrant Health Program and the Migrant Education Program in Colorado. Some proposals currently under consideration would result in major downward adjustments in funding levels and concurrent decreases in both educational and health services that could be offered in the near future.

In order to assure that the health services delivery plan for 1985 is responsive to the needs and resources of both programs, a task force composed of representatives of both will be formulated again during the winter of 1985. The task force will serve principally as a planning body and will facilitate the setting of priorities for health programming within the Migrant Education setting should major adjustments be necessary. In addition to providing a response mechanism relative to the changing conditions on the federal scene,this body will also assist in formulating approaches to the following issues:

1. Now that we have determined that dental sealants must be placed in a dental office (rather than at the school site) may we continue this important service knowing that it may require 3-5 children at a time to miss yet another morning session of academic instruction;

2. Although most students receive dental prophylaxis, topical flouride application and individualized dental hygiene instruction from a dental hygienist at some point during the summer school term, those that receive such services late in the term are denied an opportunity to reinforce new oral hygiene behaviors for the full term. Is there another mechanism that would provide appropriate instruction and reinforcement beginning within the first two weeks of school;

3. Although in a relative sense, the availability of student health records was more timely than in previous years, additional emphasis is necessary to assure that immunizations may be correctly assessed and that allergies and significant medical problems are correctly identified prior to the delivery of services;

4. In several sites adult health screening clinics were held at the school during evening hours so that health team members could provide services to family members of children attending the Migrant Education summer school. Should we continue these services or are there mitigating factors that suggest a need to discontinue these services;

5. Although the health aides provided by each school are extremely important, is it feasible to identify and train them along with the migrant health orientation in order to circumvent some of the problems associated with on-the-job training beginning the first day of the school term when all health providers are engaged in very intensive start-up activities? (Funding for this activity has been requested from the Department of Health and Human Services),

6. In order to enhance understanding between the health staff and the education staff, is it feasible to allow for more active participation of health team members in the migrant school pre-service sessions prior to the start of the school program.

Although the next two years will no doubt present us with a host of uncertainties perhaps more far reaching than any in the past, it is important that we acknowledge the track record of successes that we have accumulated over the past several years of close collaboration. This track record and a renewed commitment to our mutual goals for migrant families will allow us under any new circumstances to continue providing a range of services which neither organization could provide alone. We may continue to take pride in the fact that we have together evolved a professional relationship that serves as a model for other migrant-serving states.

APPENDIX

COMPARATIVE STATISTICS BY SCHOOL SITE 1984

The following section is composed of various tables which outline by school site the incidence and follow-up of specific medical, dental, and nutrition problems. These tables are presented to provide supporting data for the summary statistics which appear in the body of this report. This information may also be utilized in planning efforts directed toward maintaining and enhancing current efforts.

Careful attention by Migrant Education Directors and Principals to the statistical comparisons from school to school would be appreciated. Examination of the tables reveals variations from site to site. A number of factors can contribute to these variations, for example, the enrollment of a large number of seasonal farmworkers may decrease the incidence of health related problems since the children may receive ongoing care. Any comments and recommendations you may have concerning these variations would be appreciated.

TABLE XVI

TB TESTING (PPD) - RESULTS AND FOLLOW-UP
- 1984 -

		ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
	SCREENED	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	22	2	9.1%	2	100%
Fort Lupton	17	0	0	0	0
Longmont	0	0	0	0	0
Greeley	26	4 suspicious 0 +	15.3	4	100
Fort Collins	14	0	0	0	0
Fort Morgan	21	1	4.7	1	100
Sterling	21	0	0	0	0
Burlington	0	0	0	0	0
Lamar	25	1	4.0	1	100
La Junta	76	1	1.3	1	100
Pueblo	14	1	7.1	1	100
Alamosa	53	3	5.7	3	100
Grand Junction	20	2	10.0	2	100
Olathe	30	3 suspicious 1 abnormal	13.3	4	100
Boulder	5	1	20.0	1	100
TOTAL:	344	13 positive/ 7 suspicious	3.8% positive/ 2.0% suspicious	20	100%

Positive: equal to or greater than 10 mm induration
Suspicious: between 4-9 mm induration

TABLE XVII

IMMUNIZATIONS
- 1984 -

SITE	IMMUNIZATIONS COMPLETED	TOTAL IMMUNIZATIONS OFFERED
Brighton	41	79
Fort Lupton	11	19
Longmont	0	0
Greeley	31	59
Fort Collins	24	50
Fort Morgan	7	15
Sterling	4	8
Burlington	19	40
Lamar	7	14
La Junta	12	21
Pueblo	8	17
Alamosa	15	23
Grand Junction	20	43
Olathe	12	27
Boulder	0	0
TOTAL:	211	415

TABLE XVIII

VISION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	165	7	4.2%	7	100%
Fort Lupton	131	26	19.8	19	73.1
Longmont	148	23	15.5	23	100
Greeley	221	13	5.9	11	84.6
Fort Collins	162	9	5.5	9	100
Fort Morgan	81	7	8.6	7	100
Sterling	51	1	2.0	1	100
Burlington	55	1	1.8	1	100
Lamar	105	23	20.9	18	78.2
La Junta	176	15	8.5	10	66.7
Pueblo	74	4	5.4	4	100
Alamosa	201	6	3.0	6	100
Grand Junction	104	5	4.8	5	100
Olathe	63	6	9.5	6	100
Boulder	46	1	2.2	1	100
TOTAL:	1783	147	8.2%	128	87.1%

TABLE XIX

HEARING PROBLEMS - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	163	8	4.9%	5	62.5%
Fort Lupton	125	28	22.4	17	60.7
Longmont	132	3	2.2	3	100
Greeley	221	7	3.1	7	100
Fort Collins	162	7	4.3	7	100
Fort Morgan	81	1	1.2	1	100
Sterling	51	7	13.7	6	85.7
Burlington	58	0	0	0	0
Lamar	103	5	4.8	4	80
La Junta	176	13	7.4	12	92.3
Pueblo	74	6	8.1	4	66.7
Alamosa	201	5	2.5	5	100
Grand Junction	106	14	13.2	14	100
Olathe	62	13	21.0	10	76
Boulder	40	0	0	0	0
TOTAL:	1,755	117	6.7%	95	81.2%

TABLE XX

ELEVATED BLOOD PRESSURE - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	165	0	0 %	0	0 %
Fort Lupton	129	0	0	0	0
Longmont	151	0	0	0	0
Greeley	221	0	0	0	0
Fort Collins	162	5	3.1	5	100
Fort Morgan	81	1	1.2	1	100
Sterling	52	0	0	0	0
Burlington	56	0	0	0	0
Lamar	104	0	0	0	0
La Junta	176	0	0	0	0
Pueblo	74	0	0	0	0
Alamosa	201	0	0	0	0
Grand Junction	104	0	0	0	0
Olathe	65	1*	5	0	0
Boulder	46	0	0	0	0
TOTAL:	1,787	7	0.4%	6	85.7%

* Moved before follow-up could be arranged.

TABLE XXI

SCOLIOSIS - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	29	0	0 %	0	0 %
Fort Lupton	3	0	0	0	0
Longmont	10	2	2	2	100
Greeley	19	0	0	0	0
Fort Collins	23	0	0	0	0
Fort Morgan	8	0	0	0	0
Sterling	3	0	0	0	0
Burlington	4	0	-	0	0
Lamar	2	0	0	0	0
La Junta	15	0	0	0	0
Pueblo	8	1	12.5	1	100
Alamosa	11	3	27.2	3	100
Grand Junction	11	0	0	0	0
Olathe	11	0	0	0	0
Boulder	4	1	25.0	1	100
TOTAL:	161	7	4.3%	7	100%

TABLE XXII
DENTAL PROBLEMS - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP/ TREATMENT PROVIDED	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	170	88	51.8%	77	87.5%
Fort Lupton	155	128	82.6	124	96.9
Longmont	176	118	67.0	114	96.6
Greeley	221	159	71.9	135	84.9
Fort Collins	116	68	58.6	34	50.0
Fort Morgan	85	51	60.0	34	66.7
Sterling	52	26	50.0	20	76.9
Burlington	53	26	49.1	11	42.3
Lamar	110	61	55.5	54	88.5
La Junta	190	141	74.2	63	44.7
Pueblo (36 Medicaid)	74	55	74.3	37	84.1
Alamosa	211	146	69.2	95	65.1
Grand Junction	122	94	77.0	64	68.1
Olathe	66	50	75.8	43	86.0
Boulder	48	33	68.8	24	72.7
TOTAL:	1,849	1,244	67.3%	929	74.7%

TABLE XXIII
DESCRIPTION OF DENTAL FOLLOW-UP NEEDED
- 1984 -

SITE	# SCREENED	NEED ROUTINE DENT. CARE		NEED EMERGENCY DEN. CARE	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	170	55	32.4%	33	19.4%
Fort Lupton	155	99	63.9	29	18.7
Longmont	176	92	52.3	26	14.8
Greeley	221	139	62.9	20	9.0
Fort Collins	116	66	56.9	2	1.7
Fort Morgan	85	44	51.8	7	8.2
Sterling	52	22	42.3	4	7.7
Burlington	53	21	39.7	5	9.4
Lamar	110	57	51.9	4	3.6
La Junta	190	122	64.2	19	10.0
Pueblo	74	53	71.6	2	2.7
Alamosa	211	132	62.6	14	6.6
Grand Junction	122	84	68.9	10	8.1
Olathe	66	33	50.0	17	25.8
Boulder	48	31	64.6	2	4.2
TOTAL:	1,849	1,050	56.8%	194	10.5%

TABLE XXIV

DENTAL FOLLOW-UP - STATUS OF TREATMENT/REASONS FOR NO TREATMENT

- 1984 -

SITE	# CHILDREN NEED. CARE	STAT. OF DENT. TREAT. RECEIVED		REASON WHY ABN. DID NOT REC. TREAT.			
		COMPLETE CARE	PARTIAL CARE	NOT REFER. (LOW PRIOR.)	NO CONS. FORM OR PAR. REF.	REFER. BUT MOV./NO TIME	ATTENDANCE
Brighton	88	66	11	4	0	7	0
Fort Lupton	128	114	10	4	0	0	0
Longmont	118	99	15	0	4	0	0
Greeley	159	123	12	0	3	9	12
Fort Collins	116	24	10	19	3	11	1
Fort Morgan	51	27	7	9	0	5	3
Sterling	26	20	0	2	0	4	0
Burlington	26	11	0	12	1	2	0
Lamar	61	52	2	2	0	5	0
La Junta	141	52	11	41	0	30	7
Pueblo (36 Med)	55	37	0	1	2	1	14
Alamosa	146	80	15	30	9	11	1
Grand Junction	94	55	9	13	0	17	0
Olathe	50	40	3	4	0	2	1
Boulder	33	24	0	9	0	0	0
TOTAL:	1,244	824	105	150	22	104	39

TABLE XXV
TYPE AND NUMBER OF DENTAL TREATMENT SERVICES IN DENTAL OFFICES
- 1984 -

SITE	DIAG	PREVENTIVE	RESTORATIVE SURFACES	CROWNS/SP. MAINTAINER	ENDO.	ORAL SURGERY	SEALANTS	TOTAL SERVICE
Brighton	666	1	465	14	13	19	226	1,404
Ft. Lupton	687	7	429	18	28	23	468	1,660
Longmont	544	0	404	15	26	35	200	1,224
Greeley	494	24	494	16	15	24	199	1,266
Ft. Collins	101	0	138	10	9	21	9	288
Ft. Morgan	116	0	124	4	8	13	17	282
Sterling	34	0	24	2	0	4	25	89
Burlington	36	1	31	1	1	4	0	74
Lamar	297	198	251	52	38	12	97	945
La Junta	130	3	319	21	11	23	3	510
Pueblo	190	48	134	4	7	16	42	441
Alamosa	285	23	337	7	7	33	55	747
Grand Junction	183	17	223	23	8	4	86	544
Olathe	97	0	147	16	9	7	154	430
Boulder	83	43	35	4	0	11	20	196
TOTAL:	3,943	365	3,555	207	180	249	1,601	10,100

TABLE XXVI
COST* OF DENTAL SERVICES PROVIDED IN DENTAL OFFICES BY TYPE
- 1984 -

SITE	DIAG.	PREV.	SUR-FACES	CROWN/SP. MAINT.	ENDO.	ORAL SURG.	SEALANTS	TOTAL
Brighton	$ 0	$ 0	$1,500	$ 300	$ 100	$ 100	$ 250	$ 2,250
Ft. Lupton	0	0	1,500	300	100	100	250	2,250
Longmont	16	0	610	83	0	32	24	765
Greeley	0	0	1,973	300	200	100	300	2,873
Ft. Collins	398	0	1,598	430	208	278	54	2,966
Ft. Morgan	287	0	1,042	107	294	125	68	1,923
Sterling	134	0	181	54	0	50	126	545
Burlington	178	0	683	62	18	49	0	990
Lamar	0	1,378	2,340	1,650	634	95	193	6,290
La Junta	390	43	2,904	736	264	283	8	4,628
Pueblo	455	283	1,436	172	169	188	33	2,736
Alamosa	1,140	263	3,513	187	100	464	126	5,793
Grd. Junct.	0	0	0	0	0	0	0	0
Olathe	402	0	1,233	348	95	47	834	2,959
Boulder	586	621	813	260	0	175	247	2,702
TOTAL:	$3,996	$2,588	$21,326	$4,989	$2,182	$2,086	$ 2,513	$39,670

* Includes cost from all sources.

TABLE XXVII
PREVENTIVE DENTAL SERVICES BY DENTAL HYGIENISTS
Prophylaxis, Topical Fluoride Application, Dental Counseling
- 1984 -

SITE	# DENTAL SCREENED	# RECEIVING PREVENTIVE SERVICES	
		NUMBER	PERCENT
Brighton	170	134	78.8%
Fort Lupton	155	144	92.9
Longmont	176	149	84.7
Greeley	221	192	86.9
Fort Collins	116	71	61.2
Fort Morgan	85	57	67.1
Sterling	52	42	80.8
Lamar	110	99	90.0
La Junta	190	166	87.4
Pueblo (14 Medicaid)	74	59	79.7
Alamosa	211	158	74.9
Grand Junction	122	102	83.6
Olathe	66	54	81.8
Burlington	53	0	0.0
Boulder	48	34	70.8
TOTAL:	1,849	1,461	79.0%

TABLE XXVIII
NUTRITION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	NUT. PROB. INCIDENCE		NUT. PROB. FOLLOWED -UP	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	165	112	67.8%	101	90.2%
Fort Lupton	134	86	64.2	82	95.3
Longmont	155	72	47.4	69	95.8
Greeley	208	120	57.7	116	96.7
Fort Collins	148	41	27.7	37	90.2
Fort Morgan	81	38	46.9	32	84.2
Sterling	47	26	55.3	20	76.9
Lamar	107	64	59.8	57	89.1
La Junta	174	74	42.5	61	82.4
Pueblo	70	26	37.1	21	80.8
Alamosa	210	90	42.8	69	76.7
Grand Junction	114	44	38.6	35	79.5
Olathe	65	28	43.1	25	89.3
Boulder	43	21	48.8	21	100.0
TOTAL:	1,721	842	48.9%	746	88.6%

TABLE XXIX
BELOW NORMAL HEMATOCRIT - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	ANEMIA IDENTIFIED		ANEMIA FOLLOWED-UP	
		# ABNORMAL HCT	% ABNORMAL VS. SCREENED	# RECEIVING FOLLOW-UP	% ABN. VS. # FOLLOWED-UP
Brighton	165	75	45.6%	70	93.3%
Fort Lupton	134	64	47.8	63	98.4
Longmont	155	20	12.9	20	100.0
Greeley	208	52	25.0	51	98.1
Fort Collins	148	14	9.5	13	92.8
Fort Morgan	81	26	32.1	23	88.5
Sterling	47	10	21.3	8	80.0
Lamar	107	26	24.3	24	92.3
La Junta	174	55	31.6	47	85.5
Pueblo	70	15	21.4	12	80.0
Alamosa	210	28	13.3	24	85.7
Grand Junction	114	21	18.4	17	81.0
Olathe	65	9	13.8	9	100.0
Boulder	43	8	18.6	3	37.5
TOTAL:	1,721	432	24.6%	384	90.8%

TABLE XXX
UNDERWEIGHT - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	UNDERWEIGHT IDENT.		UNDERWEIGHT FOLLOWED-UP	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	165	23	13.9%	19	82.6%
Fort Lupton	134	2	1.5	2	100.0
Longmont	155	4	2.6	4	100.0
Greeley	208	5	2.4	4	80.0
Fort Collins	148	4	2.7	4	100.0
Fort Morgan	81	1	1.2	0	0
Sterling	47	1	2.1	0	0
Lamar	107	1	0.9	1	100.0
La Junta	174	1	0.6	1	100.0
Pueblo	70	2	2.9	2	100.0
Alamosa	210	4	1.9	4	100.0
Grand Junction	114	6	5.3	6	100.0
Olathe	65	4	6.2	4	100.0
Boulder	43	4	9.3	4	100.0
TOTAL:	1,721	62	3.6%	55	88.7%

Underweight is defined as weight for height at or below the 10%.

TABLE XXXI
OVERWEIGHT - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	OVERWEIGHT IDENTIFIED		OVERWEIGHT FOLLOWED-UP	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	165	28	17.0%	25	89.3%
Fort Lupton	134	13	9.7	13	100.0
Longmont	155	25	16.1	23	92.0
Greeley	208	31	14.9	30	96.8
Fort Collins	148	9	6.1	8	88.9
Fort Morgan	81	6	7.4	2	33.3
Sterling	47	9	19.1	7	77.8
Lamar	107	22	20.6	20	90.9
La Junta	174	18	10.3	15	83.3
Pueblo	70	6	8.6	6	100.0
Alamosa	210	29	13.8	19	65.5
Grand Junction	114	11	9.6	8	72.7
Olathe	65	9	13.8	7	77.8
Boulder	43	6	14.0	6	100.0
TOTAL:	1,721	222	12.9%	189	85.1%

Overweight is defined as weight for height at or above the 90%.

TABLE XXXII
SHORT STATURE - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	SHORT-STATURE IDENTIFIED		SHORT-STATURE FOLLOWED-UP	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	165	26	15.7%	22	84.6%
Fort Lupton	134	24	17.9	22	91.7
Longmont	155	39	25.2	34	87.2
Greeley	208	63	30.3	60	95.2
Fort Collins	148	21	14.2	18	85.7
Fort Morgan	81	11	13.6	6	54.5
Sterling	47	6	12.8	5	83.3
Lamar	107	26	24.3	22	84.6
La Junta	174	17	9.8	11	64.7
Pueblo	70	5	7.1	3	60.0
Alamosa	210	40	19.0	32	80.0
Grand Junction	114	13	11.4	10	76.9
Olathe	65	13	20.0	13	100.0
Boulder	43	8	18.6	8	100.0
TOTAL:	1,721	312	18.1%	266	85.2%

Short stature is defined as height for age at or below 10%.

TABLE XXXIII
"OTHER"* NUTRITION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1984 -

SITE	# SCREENED	"OTHER" PROB. IDENTIFIED		"OTHER" PROB. FOLLOWED-UP	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	165	2%	1.2	2	100.0%
Fort Lupton	134	1	0.7	1	100.0
Longmont	155	2	1.3	2	100.0
Greeley	208	0	0	0	0
Fort Collins	148	0	0	0	0
Fort Morgan	81	2	2.4	2	100.0
Sterling	47	0	0	0	0
Lamar	107	0	0	0	0
La Junta	174	4	2.3	3	75.0
Pueblo	70	0	0	0	0
Alamosa	210	1	0.5	1	100.0
Grand Junction	114	0	0	0	0
Olathe	65	5	7.7	4	80.0
Boulder	43	0	0	0	0
TOTAL:	1,721	17	1.0%	15	88.2%

"Other" includes , hypertension, decubitus ulcer, nausea, vomiting, food allergies, Diet/Drug Interaction, dental.

TABLE XXXIV
HEALTH EDUCATION SERVICES BY NURSES
- 1984 -

SITE	FAMILY NIGHT PRESENTATIONS #	FAMILY NIGHT PRESENTATIONS #PEOPLE	CLASSROOM ENCOUNTERS #	CLASSROOM ENCOUNTERS #PEOPLE	STAFF IN-SERVICE #	STAFF IN-SERVICE #PEOPLE
Brighton	2	222	3	45	1	10
Fort Lupton	1	3	1	14	0	0
Longmont	0	0	0	0	0	0
Greeley	0	0	14	372	1	11
Fort Collins	0	0	10	241	2	30
Fort Morgan	0	0	4	80	2	20
Stering	0	0	7	108	0	0
Durlington	0	0	0	0	0	0
Lamar	0	0	0	0	0	0
La Junta	0	0	11	129	1	12
Pueblo	1	8	4	52	2	26
Alamosa	0	0	0	0	0	0
Grand Junction	0	0	7	98	1	5
Olathe	0	0	5	60	1	20
Boulder	0	0	0	0	0	0
TOTAL:	4	233	66	1,199	11	134

TABLE XXXV
HEALTH EDUCATION SERVICES BY DENTAL HYGIENISTS
- 1984 -

SITE	FAMILY NIGHT PRESENTATIONS #	FAMILY NIGHT PRESENTATIONS #PEOPLE	GROUP ENCOUNTERS #	GROUP ENCOUNTERS #PEOPLE	STAFF IN-SERVICES #	STAFF IN-SERVICES #PEOPLE
Brighton	0	0	0	0	0	0
Fort Lupton	1	15	7	140	0	0
Longmont	0	0	6	89	0	0
Greeley	1	40	3	46	0	0
Fort Collins	0	0	4	85	0	0
Fort Morgan	1	40	5	195	2	19
Sterling (Est.)	1	40	6	111	0	0
Burlington	0	0	0	0	0	0
Lamar	0	0	7	163	1	6
La Junta	0	0	7	112	0	0
Pueblo	1	15	0	0	3	50
Alamosa	0	0	0	0	0	0
Grand Junction	0	0	8	104	0	0
Olathe	0	0	6	98	0	0
Boulder	0	0	3	67	0	0
TOTAL:	5	150	62	1,200	6	75

TABLE XXXVI
HEALTH EDUCATION SERVICES BY NUTRITIONISTS
- 1984 -

SITE	FAMILY NIGHT #	FAMILY NIGHT #PEOPLE	GROUP ENCOUNTER #	GROUP ENCOUNTER #PEOPLE	STAFF IN-SERVICES #	STAFF IN-SERVICES #PEOPLE
Brighton	1	200	17	569	1	20
Fort Lupton	1	100	12	178	1	20
Longmont	2	85	4	50	1	30
Greeley	0	0	7	128	1	20
Fort Collins	0	0	6	124	1	20
Fort Morgan	0	0	3	146	1	20
Sterling	1	100	4	59	2	25
Burlington	0	0	0	0	0	0
Lamar	0	0	29	483	1	9
La Junta	0	0	5	74	1	20
Pueblo	1	18	6	87	1	18
Alamosa	0	0	44	971	1	20
Grand Junction	0	0	8	166	1	20
Olathe	0	0	4	35	1	20
Boulder	0	0	2	31	0	0
TOTAL	6	530	151	3,101	14	262